

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	ST		10-23-00
O.I.P.E. CLASSIFIER	MA	830	10-29-00
FORMALITY REVIEW			11-15-00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

☒ Rejected  
☒ Allowed  
☒ (Through numeral)... Canceled  
☒ Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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